

To be inserted by Court

Case Number:

Date Filed:

FDN:

Hearing Date and Time:

Hearing Location:

PORT AUGUSTA YOUTH COMMUNITY COURT (MANGROVE COURT) REFERRAL FORM

YOUTH COURT OF SOUTH AUSTRALIA
CRIMINAL JURISDICTION

COMMISSIONER OF POLICE
Informant

V

[Insert Youth Full Name]
Youth

Instructions:

Please fill in all of the details requested in this form.

If any details of a party are unknown, indicate 'Unknown' in the appropriate box.

For boxes '[]', mark 'X' in the appropriate box.

Applicant

Name of Applicant

Full Name

What type of party are you?

- Individual
- Organisation
- Regular Party

If you are a regular party, provide your Regular Party Id:

Name of Law Firm and Solicitor If any

Law Firm

Solicitor

L code:

P code:

Residential Address

(Leave blank if the Applicant is the Chief Executive or an agency worker)

Address for Service

Street Address (including unit or level number and name of property if required)

City/town/suburb

State

Postcode

Country

Email address

Phone Details

Type - Number

Referral information and cultural information

Tick one that is applicable:

Who is making the referral?

- Solicitor
- Parent/Guardian
- Aboriginal Youth Justice Officer
- Prosecution
- Other

Is the youth Aboriginal or Torres Strait Islander?

- Yes
- No

Is an interpreter required?

- Yes
- No

If yes, specify language

Youth			
Name of Youth	Full Name		
Name of Law Firm and Solicitor <small>If any</small>	Law Firm	Solicitor	
Date of Birth	Date-Month-Year		
Gender:			
Ethnicity:			
Residential Address			
Address for Service	Street Address (including unit or level number and name of property if required)		
	City/town/suburb	State	Postcode
	Country		
	Email address		
Phone Details	Type - Number		

Parent/Guardian	
Name of Parent/Guardian	Full Name
Residential Address	
Phone Details	Type - Number

Department for Child Protection Involvement

Is the Young person under the guardianship of the Chief Executive?

Yes
 No

If DCP is involved please provide the name of the worker _____

Department for Human Services – Youth Justice Involvement

Is the Young person under the supervision of DHS Youth Justice?

Yes
 No

If DHS Youth Justice is involved please provide the name of the worker _____

Signature of referring party

.....
Signature

.....
Date

.....
Name and Organisation (Please print)